

ISSUE SLIP STAMP AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|----------|---------|---------|
| FEES DETERMINATION | MR | | 11-9-94 |
| O.I.P.E. CLASSIFIER | | 93 | 11-9-94 |
| FORMALITY REVIEW | K | 11-9-94 | 11-9-94 |

INDEX OF CLAIMS

| | | | |
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| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| - (Through numeral) | Canceled | A | Appeal |
| ÷ | Restricted | O | Objected |

| Claim | Date |
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| Final | 4/12/94 |
| Original | 11-12-94 |
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| Claim | Date |
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| Claim | Date |
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| 48 | + | + | + | + | + | + | + |
| 49 | + | + | + | + | + | + | + |

Check claim numbers in the above table
for additional entries.